



Georgia Board of Chiropractic Examiners

237 Coliseum Drive

Macon, GA 31217

(478) 207-2440

(Fax) 866-888-1308

www.sos.ga.gov/plb/chiro

APPLICATION FOR CHIROPRACTIC - INITIAL LICENSURE

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Chiropractic in the State of Georgia. Visit the Board's website for information at:

<http://www.sos.ga.gov/plb/chiro>.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Incomplete applications result in delayed processing.

Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

The \$275. **non-refundable** application fee payable to **Georgia Board of Chiropractic Examiners** must be included with application. The fee for checks returned due to non-sufficient funds is \$40.00.

APPLICATION INFORMATION SHEET

The following items are required to complete your application for licensure:

- ☐ **NOTARIZED APPLICATION:** The two-page application must be mailed to the Board's office at the address listed above, along with your **FEE** and **PHOTOGRAPH** – a passport type photograph taken within one year before the submission of the application. Please mail your application in a 9X12, or larger, envelope with pages unstapled and unfolded. All questions must be answered. Any question answered "yes," requires further documentation to be submitted. Attach an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. The Board, at their next scheduled meeting, will review the application with required documentation. Approval of licensure is at the Board's discretion. **NATIONAL BOARD SCORES – I, II, III, and IV:** All applicants are required to pass Parts I, II, III and IV of the National Board of Chiropractic Examiners examination (passing score = 375). Please contact the National Board Administrative Offices at (970) 356-9100 and have them certify your scores to Georgia.
- ☐ **DEGREE TRANSCRIPT:** All applicants for licensure must have graduated from a CCE-approved chiropractic school or college. An **official** chiropractic college transcript certifying the grades, degree conferred and the date awarded must be received in this office directly from the registrar of the college/school.

- ☐ **UNDERGRADUATE SCHOOL TRANSCRIPT(S):** The undergraduate transcripts should be certified and mailed directly from the registrar of the school to the Board's office. You must submit undergraduate transcripts to show that you obtained either 60 semester or 90 quarter hours. **Individuals who have graduated from foreign undergraduate schools or colleges must provide the board with an official credentials evaluation of their undergraduate education.**
- ☐ **OTHER STATE LICENSURE CERTIFICATION:** If you are or have ever been licensed in another state(s), please have that/those state(s) officially certify that license directly to the Board's office.
 - ☐ If your name has changed since you attended school, please make a note on the application advising of your former name(s) so we can match-up the documents with your application.
 - ☐ If you obtained the required 120 classroom hours of physiotherapy to become certified for Electrical Therapeutic Modalities, you must submit proof to the Board's office. If these hours are included in your chiropractic transcripts, no further documentation is needed.
- ☐ **Modalities Certification Form:** Pursuant to Georgia law –we must receive documentation of 120 hours of physiotherapy coursework in order to issue the certification. Please have the proper authority from your chiropractic school complete the certification form which is part of the application.
- ☐ **Jurisprudence Examination:** The examination must be downloaded from our website (see applications and other forms) The study materials are also on our website at www.sos.ga.gov/plb/chiro **A score of 75 or higher is considered a passing score.**

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY
Certificate Number _____
Date Issued _____
Applicant No. _____

GEORGIA BOARD OF CHIROPRACTIC EXAMINERS

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440

www.sos.ga.gov/plb/chiro

APPLICATION FOR CHIROPRACTIC LICENSURE

Application Fee \$275. (non-refundable)

License Type: Initial Chiropractic

Method Obtained by: Application

Name as Desired on License _____

Name as shown on exam records or transcripts
(if different) _____

First	Middle	Last
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☐ **I am a U.S. citizen** ☐ **I am not a U.S. citizen** but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. If you are not a U.S. citizen, you must complete the attached form, **DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS**, and provide required documentation.

Social Security Number** _____ **Date of Birth** _____

E-Mail address

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

Physical Address				
Number and Street	Apt. No	City/State	Zip	
<i>P.O. Box not acceptable</i>				

Mailing Address				
(if different)	Number and Street	Apt. No	City/State	Zip

<u>Telephone Number Day</u>	<u>Telephone Number Evening</u>
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(*Please note that once you begin working, or practice is established, you must notify the Board of your practice address. **This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §§ 19-11-1, 20-3-295, 42 U.S.C.A. § 551 and 20 U.S.C.A. § 1001.)

BACKGROUND INFORMATION

1. Have you ever been the subject of any academic disciplinary action involving moral turpitude at any chiropractic school or college you attended? () **Yes** () **No** If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

2. Have you ever been arrested, convicted, sentenced, pled guilty, or given first offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? () **Yes** () **No** If yes, please attach an explanation and have the official documents **for all issues** sent to the Georgia Board of Chiropractic Examiners.

3. Have you ever failed or been denied an examination by any State Board of Chiropractic? () **Yes** () **No** If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

4. Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency in Georgia or in any other State, or under any type of investigation? () **Yes** () **No** If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

5. Have you ever been denied issuance of, or pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other State? () **Yes** () **No** If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

6. Have you ever had any restrictions as a Medicaid or Medicare provider? () **Yes** () **No** If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

PROFESSIONAL INFORMATION

7. Please list any state(s) or country that you are licensed as a chiropractor, and have each Board send an official license certification to the Georgia Board: **If not applicable check here: () n/a and intital**

State where initially licensed: _____ Status: _____ Active practice within last 3 years? ☐ **Yes** ☐ **No**

State: _____ Status: _____ Active practice within last 3 years? ☐ **Yes** ☐ **No**

State: _____ Status: _____ Active practice within last 3 years? ☐ **Yes** ☐ **No**

EMPLOYMENT HISTORY

8. Please List places of employment (Indicate most recent first).

A. Employer Name: _____ City: _____ State: _____

Dates of Employment: _____ Job Title: _____

B. Employer Name: _____ City: _____ State: _____

Dates of Employment: _____ Job Title: _____

PROFESSIONAL EDUCATION

9. UNDERGRADUATE COLLEGE TRAINING:

Name of School: _____

Name of School: _____

Location: _____
(City and State)

Location: _____
(City and State)

CHIROPRACTIC GRADUATE EDUCATION:

Name of School: _____

Graduation Date: _____

Location: _____
(City and State)

Degree Awarded: _____

Have you successfully passed the National Board of Chiropractic Examination? ☐ Yes ☐ No

*Please check all parts passed.

Part I ____ Part II ____ Part III ____ Part IV ____

Have you completed 120 hours for Physiotherapy Certification? ☐ Yes ☐ No **If yes, please** have the proper authority from your chiropractic school complete the certification form which is part of the application. **If no, you cannot receive the physiotherapy certification in Georgia.**

AFFIDAVIT OF APPLICANT

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

Date

Signature of Applicant

AFFIDAVIT OF NOTARY PUBLIC

Personally appeared before me, the undersigned official authorized to administer oaths, came _____ who deposes and swears that he/she is the person who executed this application for a license to practice chiropractic in the state of Georgia; and that all of the statements herein contained are true to the best of his or her knowledge and belief.

Sworn to and subscribed before me this

_____ day of _____, 200_

(Notary Public)

My Commission Expires: _____

ATTACH PHOTO HERE



(Photo)

CERTIFICATION OF PHYSIOTHERAPY TRAINING

This is to certify that _____
Name of Applicant

Pursuant to Georgia § 43-9-16 and Rule 100-9-.01, the above listed applicant has obtained at least 120 hours of instruction in the proper utilization of those procedures in accordance with the guidelines set forth by the Council on Chiropractic Education (CCE) or its successor, the Georgia Chiropractic Association, or the Georgia Chiropractic Council and so certified in that proper utilization.

Official copies of transcript(s) in sealed envelope **must** be attached to this form for evaluation of educational requirements for licensure in Georgia.

Signature & Title

Seal of College/Organization

Date _____



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA BOARD OF CHIROPRACTIC EXAMINERS**

237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

CONSENT FORM

I hereby authorize **The GEORGIA BOARD OF CHIROPRACTIC EXAMINERS** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

(Applicant's Full Name – Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

Please check any applicable licensure provisions below that apply to the individuals you will be practicing your profession on:

- ☐ Working with mentally disabled
☐ Working with the elderly or in elder care services
☐ Working with children

PLEASE COMPLETE THE FOLLOWING:

I,

(print name)

give consent to the Georgia Board of Chiropractic Examiners to perform periodic criminal background checks for the duration of my active licensure status with this state.

(Signature of Applicant)

(Date)

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

- ☐ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- ☐ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- ☐ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- ☐ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- ☐ - Grant letter from the asylum office of INS
- ☐ - Order of an immigration judge granting asylum

Refugee:

- ☐ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- ☐ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- ☐ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- ☐ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- ☐ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- ☐ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- ☐ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- ☐ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- ☐ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- ☐ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- ☐ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- ☐ - INS petition and appropriate supporting documentation

Name of Applicant